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## BIB DATA SHEET

CONFIRMATION NO. 6293

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/552,287	01/04/2007	435	1656	30227
<b>APPLICANTS</b> Anthony Futerman, Rehovot, ISRAEL; Joel L. Sussman, Rehovot, ISRAEL; Israel Silman, Rehovot, ISRAEL; Michal Harel, Rehovot, ISRAEL; Hay Dvir, Beit Shemesh, ISRAEL; Lilly Tokar, Rehovot, ISRAEL; Svetlana Adamsky, Rehovot, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL04/00335 04/18/2004 which claims benefit of 60/463,049 04/16/2003				
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 156273 06/02/2003				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/09/2007				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /DAVID J STEADMAN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 37
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> Martin Moynihan Prtsi Inc P O Box 16446 Arlington, VA 22215 UNITED STATES				
<b>TITLE</b> Gaucher disease drugs and methods of identifying same				
<b>FILING FEE RECEIVED</b> 1440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	